


Exhibit H



NEW YORK CITY DEPARTMENT OF CORRECTION
Cynthia Brann, Commissioner

Shon Brown, Executive Officer
Manhattan Court Division
100 Centre Street
New York, NY 10013
212 • 225 • 1550
Fax 212 • 225 • 1510

DATE: January 11, 2021
TO: Kenneth Stukes, Bureau Chief of Security
FROM: Shon Brown, Executive Officer, MDC 
SUBJECT: COD 3442/20



The Deputy Warden has reviewed the subject unusual incident submitted by the Tour Commander and the following determination has been made.

- ☒ Concur with Tour Commander's findings.
- ☐ Videotape reviewed for this incident
- ☐ No videotape for this incident.
- ☐ Do not concur with Tour Commander's findings.

Remarks:



Shon Brown
Executive Officer

	CORRECTION DEPARTMENT CITY OF NEW YORK		Form #168A Eff: 11/19/04 Ref.: Dir. #5000R-A	
	UNUSUAL INCIDENT REPORT - PART A		Page 1 of 4 Pages	
FACILITY: MDC	FACILITY LOG NO: 17MD131	CENTRAL OPERATIONS DESK (C.O.D.) LOG NO: 3442/20		
INSTRUCTIONS: COMPLETE ALL APPLICABLE SECTIONS ON ALL PARTS - A, B, C, AND D				
TYPE OF INCIDENT: Attempted Suicide				
DATE OF INCIDENT: 12/19/20	TIME: 0215 hrs.	SPECIFIC LOCATION: 9 South (3 cell)		
INITIAL TELEPHONE REPORT: DATE: 12/19/20 TIME: 0343 hrs.		NAME AND TITLE OF PERSON REPORTING FROM FACILITY: Name: Shon Brown Title: ADW # 45		
NAME AND TITLE OF PERSON RECEIVING TELEPHONE REPORT AT CENTRAL OPERATIONS DESK (C.O.D.): NAME: Paul TITLE: PS				
WRITTEN REPORT: DATE: 12/20/20 TIME: 1700hrs.		NAME AND TITLE OF PERSON REPORTING: NAME: Sh Brown TITLE: ADW #45		
DESCRIPTION OF INCIDENT: <p>On December 19, 2020 at approximately 0215 hours in the Manhattan Detention Complex North Tower 9 South housing area cell #3 inmate Rodriguez, Peter B&C #3491603090/NYSID 09839298P (trinitarians, ICR, Red Id, Enh Rest, CI 16) was discovered by Emergency Service Unit officers trying to inflict self injury as they were conducting their routine security inspection of the area. CO Brian Saryian #10981 (DOA 5/16/13) responded to cell #3 and observed inmate Rodriguez had positioned a line around his neck and hands. Officer Saryian immediately assisted by cutting the line. Several verbal commands were given to said inmate asking if he was ok in which said inmate did not answer at which time chest compressions were administered to inmate Rodriguez with the assistance of ESU staff. A medical emergency was activated as medical staff reported to the area to render medical attention. Inmate Rodriguez was alert and orientated. EMS was activated by MDC medical staff on said inmate's behalf to be transported to Bellevue Hospital for further medical evaluation.</p> <p>PS Paul of the Central Operations Desk was notified and assigned COD 3442/20. Captain Roger Bethelmy #1824 was assigned to investigate this incident.</p>				
DISTRIBUTION: ORIGINAL AND ONE (1) COPY TO THE ASSISTANT CHIEF OF SPECIAL OPERATIONS ONE (1) COPY TO THE DEPUTY COMMISSIONER OF INVESTIGATIONS ONE (1) COPY TO THE INSPECTOR GENERAL'S OFFICE ONE (1) COPY TO FACILITY FILE				

DEF 007731

Form #168A
Eff: 11/12/04
Ref.: Dir. #5000F

Page 2
of
4 Pages



FACILITY: MI

MDC

FACILITY LOG NO.:
17MD131



17MD131

CENTRAL OPERATIONS DESK (C.O.D.) LOG NO.:
3442/20



3442/20

DESCRIPTION OF INCIDENT: (CONTINUED)

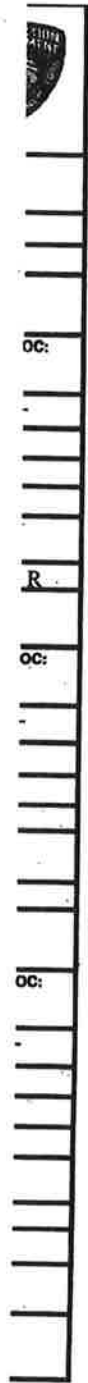
DISTRIBUTION: ORIGINAL AND ONE (1) COPY TO THE ASSISTANT CHIEF OF SPECIAL OPERATIONS
ONE (1) COPY TO THE DEPUTY COMMISSIONER OF INVESTIGATIONS
ONE (1) COPY TO THE INSPECTOR GENERAL'S OFFICE
ONE (1) COPY TO FACILITY FILE

	CORRECTION DEPARTMENT CITY OF NEW YORK		Form #188A Eff: 11/19/04 Ref.: Dir. #6000R-A	
	UNUSUAL INCIDENT REPORT - PART C		Page 3 of 4 Pages	
FACILITY: MDC	FACILITY LOG NO.: 17MD131	CENTRAL OPERATIONS DESK (C.O.D.) LOG NO.: 3442/20		
INSTRUCTIONS: COMPLETE ALL APPLICABLE SECTIONS ON ALL PARTS - A, B, C, AND D				
EVENTS LEADING TO OR CAUSING INCIDENT: CO Brian Saryian #10981 (DOA 5/16/13) responded to cell #3 and observed inmate Rodriguez had positioned a line around his neck and hands.				
ACTION TAKEN TO CONTROL INCIDENT: Officer Saryian immediately assisted by cutting the line. Several verbal commands were given to said inmate asking if he was ok in which said inmate did not answer at which time chest compressions were administered to inmate Rodriguez with the assistance of ESU staff. A medical emergency was activated as medical staff reported to the area to render medical attention. Inmate Rodriguez was alert and orientated.				
OTHER AGENCIES NOTIFIED: (State name of agencies and persons, time and date) N/A				
PROPOSED DISCIPLINARY ACTION: N/A				
EXTENT AND COST OF PROPERTY DAMAGE: N/A				
STATUS OF INJURED AND PROGNOSIS FOR RECOVERY: (Include full description of injuries claimed) EMS was activated by MDC medical staff on said inmate's behalf to be transported to Bellevue Hospital for further medical evaluation.				
NOTIFICATION OF FAMILY, IN EVENT OF SERIOUS INJURY OR DEATH: (Include date, time and person notified) N/A				
NAMES, TITLES, SHIELDS OR IDENTIFICATION NUMBER OF EMPLOYEES INVOLVED: Correction Officer Brian Saryian #10981				
DISTRIBUTION: ORIGINAL AND ONE (1) COPY TO THE ASSISTANT CHIEF OF SPECIAL OPERATIONS ONE (1) COPY TO THE DEPUTY COMMISSIONER OF INVESTIGATIONS ONE (1) COPY TO THE INSPECTOR GENERAL'S OFFICE ONE (1) COPY TO FACILITY FILE				

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	CORRECTION DEPARTMENT CITY OF NEW YORK		Form #168A Eff: 11/19/04 Ref.: Dir. #6000R-A	
	UNUSUAL INCIDENT REPORT - PART D		Page 4 of 4 Pages	
FACILITY: MDC		FACILITY LOG NO. 17MD131	CENTRAL OPERATIONS DESK (C.O.D.) LOG NO.: 3442/20	
INSTRUCTIONS: COMPLETE ALL APPLICABLE SECTIONS ON ALL PARTS - A, B, C, AND D				
INMATES (S) INVOLVED - (STATUS AT TIME OF INCIDENT)				
NAME: Rodriguez, Peter		ADDRESS:		DATE OF BIRTH: 11/06/1990
BOOK & CASE #: 349-16-03090		NYSID#: 09839298P		DATE RECEIVED BY DI: 3/11/2016
COURT	CRIME OR CHARGE	COURT STATUS <small>(i.e., DETAINEE, SENTENCED, ETC.)</small>	SENTENCE OR BAIL	
Man Supr	135.20 FB	Detainee	Remand	
HOUSING DESIGNATION: (i.e. GENERAL POPULATION, ADMINISTRATIVE SEGREGATION, PUNITIVE SEGREGATION, PROTECTIVE CUSTODY, ETC.) Punitive Segregation				
CLASSIFICATION SCORE: 16		SECURITY RISK GROUP: Trinitarians		RED ID/CR: Red ID/ICR/Enh
NAME:		ADDRESS:		DATE OF BIRTH:
BOOK & CASE #:		NYSID#:		DATE RECEIVED BY DI:
COURT	CRIME OR CHARGE	COURT STATUS <small>(i.e., DETAINEE, SENTENCED, ETC.)</small>	SENTENCE OR BAIL	
HOUSING DESIGNATION: (i.e. GENERAL POPULATION, ADMINISTRATIVE SEGREGATION, PUNITIVE SEGREGATION, PROTECTIVE CUSTODY, ETC.)				
CLASSIFICATION SCORE:		SECURITY RISK GROUP:		RED ID/CR:
NAME:		ADDRESS:		DATE OF BIRTH:
BOOK & CASE #:		NYSID#:		DATE RECEIVED BY DI:
COURT	CRIME OR CHARGE	COURT STATUS <small>(i.e., DETAINEE, SENTENCED, ETC.)</small>	SENTENCE OR BAIL	
HOUSING DESIGNATION: (i.e. GENERAL POPULATION, ADMINISTRATIVE SEGREGATION, PUNITIVE SEGREGATION, PROTECTIVE CUSTODY, ETC.)				
CLASSIFICATION SCORE:		SECURITY RISK GROUP:		RED ID/CR:
FACILITY ENDORSEMENT				
SIGNATURE OF DEPUTY WARDEN FOR SECURITY & DATE: SIGNATURE:		SIGNATURE OF FACILITY COMMANDER & DATE: SIGNATURE: <i>[Signature]</i>		
DATE:		DATE:		
DISTRIBUTION: ORIGINAL AND ONE (1) COPY TO THE ASSISTANT CHIEF OF SPECIAL OPERATIONS ONE (1) COPY TO THE DEPUTY COMMISSIONER OF INVESTIGATIONS ONE (1) COPY TO THE INSPECTOR GENERAL'S OFFICE ONE (1) COPY TO FACILITY FILE				

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DEF 007736

New York City Department of Correction

Incident Report (Initial)

Contents of this report are preliminary and subject to confirmation

COD
3442/26

Search Criteria			
From Date Reported	:	12-18-2020	
To Date Reported	:	12-20-2020	
Facility Name	:	MDC	
Records printed / Total Records	:	1 to 1 / 1	

REPORT DATE	TIME	INCIDENT DATE	TIME	CODE	LOG#	DOFF	FACILITY	TYPE OF INCIDENT	REPORTED BY	REPORTED TO
12-19-2020	03:43	12-19-2020	02:15				MDC	Log Book Entry	ADW BROWN	PS PAUL
ON 12/19/20, IN HOUSING AREA 9 SOUTH (ADULT/CMC) OFFICER SARYIAN (DOA: 05/16/13) OBSERVED INMATE RODRIGUEZ (TRINITARIANS, ICR, RED ID, ENH.REST., CL. 30) TIED A WHITE SHEET AROUND HIS HANDS AND NECK. THE INMATE WAS REFERRED TO THE HOSPITAL. THE INMATE INJURIES ARE PENDING. VIDEO SURVEILLANCE: NO.										
Staff Name		Staff Title		Shield/ID		Injuries		Body Part		Ref. to Hosp
BRIAN SARYIAN		CORRECTION OFFICER		10981						
Inmate Name		BookCase#		NYSID		Injuries		Body Part		Ref. to Hosp
PETER RODRIGUEZ		3491603090		09839298P						

December 21, 2020, 8:46 AM

PRIVILEGED AND CONFIDENTIAL

Page: 1 of 1

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Hi

Inmate Details**RODRIGUEZ, PETER**

NYSID: 09839298P
Year of Birth: 1990
Sex: Male
Race: Other
Height: 6 ft
Weight: 250 lbs
Hair Color: Black
Eye Color: Brown
Nativity: New York

Booking Information

Incarceration 11-MAR-2016 ▾

Book & Case Number: 3491803090
Current Housing Facility: WE (West Facility) / CDU10
Arrest Date: 10-MAR-2016
Arrest Number: M16618462P
Next Court Date: 25-JAN-2021
Bail Status: remanded

Inmate Attributes

Age: 30
Classification Score: 16
Custody Level: MAX
Active Gang Member: ACTIVE
SRG Status: SRG
Date Made: 12-Mar-2020
SRG Affiliation: TRINITARIANS
SRG Set: (O.E.D) ONE EIGHT DUCE
Identification Date: 12-Mar-2020
ICR: Y
RED ID: Y
INFLUENTIAL INMATE: N
ENHANCED RESTRAINT: Y
IFCOM Balance: \$0.00
Nicknames: FRESH

<< Page 1 of 1 >>

Charge Information

Docket: 2016NY018670
Indictment: 01091/2016

<http://webapps.doc.nycnet/inmatetracking/pages/common/find.jsf>

12/21/202

DEF 007738

From Date	To Date	Facility
31-JAN-2019	12-FEB-2019	NIC
18-JAN-2019	31-JAN-2019	OBCC
11-DEC-2018	18-JAN-2019	GRVC
17-NOV-2018	11-DEC-2018	MDC
16-NOV-2018	17-NOV-2018	AMKC
15-NOV-2018	16-NOV-2018	GRVC
31-OCT-2018	15-NOV-2018	AMKC
01-OCT-2018	31-OCT-2018	GRVC
25-AUG-2018	01-OCT-2018	AMKC
10-MAR-2018	25-AUG-2018	BKDC
08-MAR-2018	10-MAR-2018	AMKC
03-MAR-2018	08-MAR-2018	RNDC
13-FEB-2018	03-MAR-2018	GRVC
07-FEB-2018	13-FEB-2018	BHPW
25-JAN-2018	07-FEB-2018	GRVC
28-OCT-2017	25-JAN-2018	BKDC
19-OCT-2017	28-OCT-2017	AMKC
20-SEP-2017	19-OCT-2017	GRVC
08-SEP-2017	20-SEP-2017	OBCC
06-SEP-2017	08-SEP-2017	RNDC
22-AUG-2017	06-SEP-2017	MDC
11-AUG-2017	22-AUG-2017	VCBC
14-JUL-2017	11-AUG-2017	GRVC
25-APR-2017	14-JUL-2017	VCBC
29-MAR-2017	25-APR-2017	BKDC
14-JAN-2017	29-MAR-2017	MDC
30-DEC-2016	14-JAN-2017	BKDC
27-DEC-2016	30-DEC-2016	AMKC
03-AUG-2016	27-DEC-2016	MDC
04-JUL-2016	03-AUG-2016	BKDC
05-MAY-2016	04-JUL-2016	MDC
03-MAY-2016	05-MAY-2016	BKDC
13-MAR-2016	03-MAY-2016	AMKC
11-MAR-2016	13-MAR-2016	MDC

[Search for another Inmate](#) | [Back to search results](#)

<http://webapps.doc.nycnet/inmatetracking/pages/common/find.jsf>

12/21/2020

DEF 007739

Court Part:	42
Court Name:	MANHATTAN SUPREME CT - BRIDGE AREA
Charge:	125.25 FA (MURDER A Felony)
Docket:	2019BX000000
Indictment:	02261/2019
Court Part:	VTC-MDC
Court Name:	MDC Video Conferencing
Charge:	135.20 FB (KIDNAPPING 2ND B Felony)

Facility Movement

From Date	To Date	Facility
21-DEC-2020	Current	WF
20-DEC-2020	21-DEC-2020	AMKC
07-DEC-2020	20-DEC-2020	MDC
06-DEC-2020	07-DEC-2020	BHPW
07-AUG-2020	06-DEC-2020	MDC
05-AUG-2020	07-AUG-2020	WF
04-AUG-2020	05-AUG-2020	BHPW
27-JUL-2020	04-AUG-2020	MDC
04-JUN-2020	27-JUL-2020	NIC
07-MAY-2020	04-JUN-2020	GRVC
20-APR-2020	07-MAY-2020	NIC
07-APR-2020	20-APR-2020	WF
19-MAR-2020	07-APR-2020	NIC
15-MAR-2020	19-MAR-2020	WF
07-FEB-2020	15-MAR-2020	NIC
09-JAN-2020	07-FEB-2020	GRVC
05-DEC-2019	09-JAN-2020	NIC
10-OCT-2019	05-DEC-2019	MDC
24-SEP-2019	10-OCT-2019	NIC
21-SEP-2019	24-SEP-2019	GRVC
12-JUL-2019	21-SEP-2019	NIC
10-JUL-2019	12-JUL-2019	AMKC
10-JUN-2019	10-JUL-2019	GRVC
09-MAY-2019	10-JUN-2019	MDC
22-FEB-2019	09-MAY-2019	WF
16-FEB-2019	22-FEB-2019	OBCC
14-FEB-2019	16-FEB-2019	BKDC
13-FEB-2019	14-FEB-2019	NIC
12-FEB-2019	13-FEB-2019	VCBC

<http://webapps.doc.nycnet/inmatetracking/pages/common/find.jsf>

12/21/2020

DEF 007740

17 MD

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COD 3442/20

DATE DECEMBER 21, 2020
 TO AISHA SHANNON ACTING WARDEN
 FROM ADW SHON BROWN #13
 COD ADW MISSEL
 SUBJECT ATTEMPTED SUICIDE
 LOCATION 9 SOUTH (3 CELL)
 STAFF SARNIAN, BRIAN #10981 DOA 5-16-2

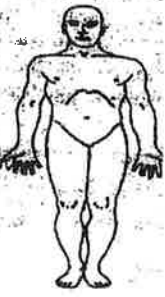
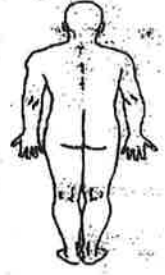
INMATE RODRIGUEZ, PETER B. # 3491603090/
 09839208P (CL 30; MAX; SPG TRINITARIAN
 ICR; RED ID; ENH RESTRAINT)

ON SATURDAY, DECEMBER
 19, 2020 AT APPROXIMATELY 0215 HOUR
 WHILE CONDUCTING A TOUR OF AREA
 STAFF DISCOVERED THE INMATE WITH
 A LIGATURE TIED AROUND HIS WRISTS
 AND NECK. SARNIAN REMOVED IT
 LIGATURE AND ACTIVATED A MEDICAL
 EMERGENCY. MEDICAL STAFF
 RESPONDED TO THE AREA AT WHICH
 TIME NURSE SAW ACTIVATED ENH
 INMATE RODRIGUEZ WAS ALERT AND
 ORIENTATED. INMATE RODRIGUEZ
 WAS TRANSPORTED TO BELLEVUE
 HOSPITAL VIA EMS. INJURIES PAID



RESPECTFULLY
 ADW SHON BROWN #13

* THIS INVESTIGATION IS ASSIGNED TO
 CAPT BETHLEMY

DEF 007741

CORRECTION DEPARTMENT CITY OF NEW YORK			
INJURY TO INMATE REPORT		Page 1 of 2 Pages	Form: 167R-A Rev.: 06/01/16 Ref.: Dir. 4516R-D
INSTRUCTIONS: One copy to Clinic Lock Box, One copy to Inmate Medical File and Original with completed investigation to Section 87(2)(b)			
Command: <u>MDC</u>	Date: <u>12/19/20</u>	CODING: <u>1531</u>	Injury #: <u>1531</u>
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY)			
Inmate Name (Last Name, First Name): <u>Rodriguez, Peter</u>			
Location Where Injury Occurred: <u>950th</u>	Inmate's Housing Area: <u>950th</u>	NYSID #: <u>09839298P</u>	Book & Case/Sentence #: <u>3491603090</u>
Details: <u>On Saturday December 19, 20 at approximately 0815 hrs inmate Rodriguez, Peter b/c 3491603090, NYSID 09839298P did a self injurious behavior.</u>			
Supervisor Notified (Print Last Name, First Name, Rank, Shield #): <u>Captain Bethelmy</u>			
Employee: <input checked="" type="checkbox"/> (Did) <input type="checkbox"/> (Did Not Witness This Injury)		Employee Full Name (print): <u>Sarvian</u>	Employee Signature: <u>Sarvian</u>
Date: <u>12/19/20</u>		Time: <u>0817</u>	Shield/ID #: <u>10981</u>
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)			
Date of Injury: <u>12/19/20</u>	Reported for Medical Attention: <u>Date 12/19/20 1805 Hrs.</u>	Inmate Refused Medical Attention: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Visible Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Nurses Reported Injuries at Injury:		Medical Staff Must Note Location of Injury:	
<p><u>pt was seen by medical team - new song in emergency room today at 2:30 PM for attempted suicide - when some blood was seen on facial area. He was sent to Bellevue Hospital where some observation was made. now - pt refused to be seen. No visible injury on facial area. Suspicious.</u></p> <p>Serious Injuries confirmed during initial evaluation (Select "Pending - Requires Further Evaluation" if additional testing / imaging / follow-up needed):</p> <p><input type="checkbox"/> Laceration requiring sutures, staples or glue (e.g. dermabond) <input type="checkbox"/> Fracture <input type="checkbox"/> Clinical Neck Fracture</p> <p><input type="checkbox"/> Dislocation <input type="checkbox"/> Tendon Tear <input type="checkbox"/> Amputation</p> <p><input type="checkbox"/> Structural injury to organ (e.g. corneal abrasion, hepatic laceration) <input type="checkbox"/> Post-concussive syndrome or head injury requiring imaging such as CT or MRI <input type="checkbox"/> Bleeding/bruising involving the face or >5% of total body surface area</p> <p><input checked="" type="checkbox"/> NO SERIOUS INJURY</p> <p><input type="checkbox"/> Pending - Requires Further Evaluation</p>		 	
Treatment: <u>Suicidal attempt</u>			
<u>Hospital recommended suicidal observation - pt sent to CT/ stat</u>			
Disposition and Transportation Requirements (If applicable): Please check which apply			
<input type="checkbox"/> Urgent Care / X-Ray	<input type="checkbox"/> Hospital Transfer:	<input type="checkbox"/> Intra-Departmental Transfer	
<input type="checkbox"/> None / Return to Housing Area <u>Caloric Intoxication, mms</u>			
Initially Triage/Treated By/Examined By (Print and Sign Full Name): <u>refused to sign</u>		Date: <u>12/19/20</u>	Time: <u>1809 H</u>
I certify that the cause of injury as stated by inmate to my knowledge true and medical attention was provided.			
Inmate Signature: <u>Refused to sign</u>	B&C / Sentence #: <u>3491603090</u>	Date: <u>12/19/20</u>	
Witnessed By (Signature): <u>[Signature]</u>	Rank/Title: <u>CO</u>	Shield/ID #: <u>17099</u>	Date: <u>12/19/20</u>

DEF 007742

	CORRECTION DEPARTMENT CITY OF NEW YORK		
	INJURY TO INMATE REPORT		
		Page 2 of 2 Pages	Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-D
INSTRUCTIONS: Original Report to Security, One copy to Clinic Lock box, one copy to Inmate Medical File.			
Name (Last Name, First Name): RODRIGUEZ PETER			
NY21-1531		NYSID #: 09839298P	Book & Case/Sentence #: 3491603090
COMPLETED BY THE INVESTIGATING OFFICER. PLEASE PRINT CLEARLY.			
Investigator's Report: Saturday December 19, 2020, at approximately 0215 hours, in the Manhattan Detention Complex North Tower 9 housing area inmate Rodriguez Peter B&C 3491603090/NYSID09839298P was observed by ESU staff exhibiting self injurious behavior. Said inmate did not respond to verbal commands given to him at which time chest compressions were performed by DOC staff. A medical emergency was activated as medical staff responded to the			
FIRMED DURING INITIAL EVALUATION: Inmate Rodriguez was evaluated by MDC Main Clinic medical staff who stated on injury report FY21-1531 an attempted suicide when some blood was seen on said inmate's facial areas. Inmate Rodriguez was sent to Bellevue Hospital where same observations were made by medical staff. Said inmate refused to be seen. No visible injury on facial area upon inspection. Gloria Ihenacho MD on the above evaluation on the generated injury report FY21-1531.			
TREATMENT: Suicide attempt; sent to hospital for evaluation. Recommended suicidal observation. Patient sent to C-71			
POSITION: EMS WAS ACTIVATED BY MEDICAL STAFF			
Conclusion: The writer concludes that on the above aforementioned date and time inmate Rodriguez as per medical evaluation exhibited a self injurious behavior. Said inmate refused evaluation. On exam no serious injury. Treatment: Suicidal attempt, hospital recommended for suicidal observation. Inmate Rodriguez was sent to C-71. An interview with subject inmate was conducted in which he refused to provide a verbal or written statement. Due to subject inmate's lack of cooperation with this investigation this writer was unable to conclude a motive for subject inmate's action. Inmate Rodriguez is currently housed at West Facility / CDU10.			
Inmate was transported to a hospital, fill in hospital name here: <u>BELLEVUE HOSPITAL</u>			
Inmate's Final Disposition on Injury Type: <input type="checkbox"/> Serious Injury <input checked="" type="checkbox"/> Non-Serious Injury			
Cause: <input type="checkbox"/> Use of Force <input type="checkbox"/> Allegation Use of a Use of Force <input type="checkbox"/> Inmate on Inmate Altercation <input checked="" type="checkbox"/> Self Inflicted <input type="checkbox"/> Accident <input type="checkbox"/> Other (Explain):			
Investigating Officer Signature: <i>[Signature]</i> DETHELMY		Rank/Title: Captain	Shield/ID#: 1824
Commander's Review:		Date: 12/20/2020	
Rank/Title:		Shield/ID#:	Date:
Duty Warden's Review:			
Signature:		Rank/Title:	Date:
Commanding Officer's Remarks:			
Signature:		Rank/Title:	Date:

DEF 007743



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PRINT OR TYPE ALL INFORMATION

INCIDENT REPORT FORM

FACILITY:	MDC	DATE OF REPORT:	12/20/20
DATE OF INCIDENT:	12/19/20	TIME OF INCIDENT:	Approx. 0215 hours
LOCATION:	MDC NORTH TOWER 9 FL. MAX SOUTH		TYPE OF INCIDENT:
SUBMITTED BY:		CAPTAIN 1824	
BETHELMY <small>(LAST NAME)</small>		ROGER <small>(FIRST NAME)</small>	
POST ASSIGNED AT TIME OF INCIDENT		TOUR WORKING AT TIME OF INCIDENT	
MDC NORTH MAX CAPTAIN		<input checked="" type="checkbox"/> 11X7 <input type="checkbox"/> 7X3 <input type="checkbox"/> 3X11 <input type="checkbox"/> oth	

IF FORCE WAS USED: Include in the section below the specific events and actions by the inmate/ which led to or caused the incident, the actions which made the use of force necessary in the circumstances, and the type and extent of force used. Provide as much detail as possible.

DESCRIBE INCIDENT IN DETAIL ("WHO", "WHAT", "WHEN", "WHY")

On December 19, 2020, at approximately 0218 hours, I Captain Bethelmy #1824 assigned the Manhattan Detention Complex North Tower 9th Floor Max post on the 2300 x 0731 tour was summoned to that area due to a medical emergency. On arrival into the housing area the South officer on Post Saryian #10981 notified this writer that inmate Rodriguez Peter 3491603090/09839298P housed in cell #3 was discovered by Emergency Service Unit officers trying to inflict self injury as they were conducting their routine security inspection the area. A medical emergency was activated as medical staff reported to the area to render medical attention. Said officer further stated to this writer that as he responded to cell #3 inmate Rodriguez had positioned a line around his neck and hands. Officer Saryian further stated he immediately assisted by cutting the line. Several verbal commands were given to said inmate asking if he was ok in which said inmate did not answer at which time chest compressions were administered to inmate Rodriguez with the assistance of ESU staff. Inm Rodriguez was then placed in recovery position as the medical response which was summoned was on its way to the area. Soon MDC medical team arrived on the scene and began to evaluate and render medical attention to said inmate. An EMS was activated by MDC medical staff on said inmate's behalf to be transported to Bellevue Hospital for further medical evaluation.

(FOR ADDITIONAL SPACE - USE FORM 600AR

ADDITIONAL INFORMATION → OTHER S

DEF 007744

VISOR NOTIFIED

2/20 | 0224 | BROWN | SHON | ADW | 45
 TE | TIME | (Last Name) | (First Name) | (Rank) | (Shield #)

CONTRABAND RECOVERED? ☐ YES ☒ NO IF YES, DESCRIBE CONTRABAND (INCLUDE HOW
 RABAND IS MARKED FOR FUTURE IDENTIFICATION PURPOSES:

RABAND SURRENDERED TO:

N/A
 (Last Name) (First Name) (Rank) (Shield #)

INMATE INVOLVEMENT					
LAST NAME	FIRST NAME	BOOK & CASE #	LOCATION	INFRACTION	INJURY REPORT
RIGUEZ	PETER	3491603090	9 SOUTH	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYEE INVOLVEMENT				
LAST NAME	FIRST NAME	RANK/TITLE	SHIELD I.D. #	WITNESS TO INCIDENT
SARYIAN	BRIAN	CO	10981	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SPAULDING	RICHARD	CO	18277	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SMITH	HAROLD	CO	2190	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
REYES	JONATHAN	CO	9664	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

DO YOU CLAIM ANY INJURIES REGARDING THIS INCIDENT? ☐ YES ☐ NO (N/A)

DESCRIBE CLAIMED INJURIES: None

PENSION PAPERS SUBMITTED: ☐ YES ☐ NO (N/A)

SIGNATURE OF PERSON PREPARING REPORT: 

DEF 007745



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PRINT OR TYPE ALL INFORMATION

INCIDENT REPORT FORM

FACILITY: <u>MDC</u>	DATE OF REPORT: <u>12/19/20</u>
DATE OF INCIDENT: <u>12/19/20</u>	TIME OF INCIDENT: <u>0215</u>
LOCATION: <u>9 South cell 3</u>	TYPE OF INCIDENT:
SUBMITTED BY: <u>Saryian</u> (LAST NAME) <u>Brian</u> (FIRST NAME) <u>CO</u> (RANK) <u>10981</u> (SHIELD #)	
POST ASSIGNED AT TIME OF INCIDENT: <u>9 South</u>	TOUR WORKING AT TIME OF INCIDENT: <input checked="" type="checkbox"/> 11-7 <input type="checkbox"/> 17-3 <input type="checkbox"/> 13-11 <input type="checkbox"/> off

IF FORCE WAS USED: Include in the section below the specific events and actions by the inmate(s) which led to or caused the incident, the actions which made the use of force necessary in the circumstances, and the type and extent of force used. Provide as much detail as possible.

DESCRIBE INCIDENT IN DETAIL ("WHO", "WHAT", "WHERE", "WHEN", "WHY")

On Saturday December 19, 2020 at approximately 0215hrs I, P.O. Saryian #10981 assigned to 9 South observed ESO officers in the process of conducting a security inspection when they arrived at inmate Rodriguez, Peter B# 3491603070, MYSID: 0983929 cell (#3). Said inmate was not responsive. The ESO officers requested that cell #3 be opened at which time they found inmate Rodriguez making manipulative gestures to injure himself. This writer came to the assistance of ESO and cut the line from said inmates neck and hands. Said inmate still appeared unresponsive at which time this writer performed chest compressions with the assistance of ESO. Inmate Rodriguez was then placed in the recovery position. A medical emergency was called for. The medical emergency team then arrived taking control of the situation.

(FOR ADDITIONAL SPACE USE FORM 600R)

ADDITIONAL INFORMATION OTHER SID

DEF 007746

REVISOR NOTIFIED:

7/20 0218 Bethelamy Captain (Shield #)

TE TIME (Last Name) / (First Name)
 CONTRABAND RECOVERED? () YES (X) NO IF YES, DESCRIBE CONTRABAND (INCLUDE HOW
 CONTRABAND IS MARKED FOR FUTURE IDENTIFICATION PURPOSES: _____

TRABAND SURRENDERED TO:

(Last Name)	(First Name)	(Rank)	(Shield #)		
<u>INMATE INVOLVEMENT</u>					
<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>BOOK & CASE #</u>	<u>LOCATION</u>	<u>INFRACTION</u>	<u>INJURY REPORT</u>
Rodriguez	Peter	3491603090	9S	X YES () NO	X YES () NO
				() YES () NO	() YES () NO
				() YES () NO	() YES () NO
				() YES () NO	() YES () NO
				() YES () NO	() YES () NO
				() YES () NO	() YES () NO

<u>EMPLOYEE INVOLVEMENT</u>				
<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>RANK/TITLE</u>	<u>SHIELD/ID #</u>	<u>WITNESS TO INCIDENT</u>
aryian	Brian	CO	10987	<input type="checkbox"/> YES <input type="checkbox"/> NO
nith	Harold	CO	2190	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
eyes	Jonathan	CO	9664	<input type="checkbox"/> YES <input type="checkbox"/> NO
xulding	Richard	CO	18277	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
YOU CLAIM ANY INJURIES REGARDING THIS INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

YOU CLAIM ANY INJURIES REGARDING THIS INCIDENT? () YES (X) NO

CRIBE CLAIMED INJURIES:

WIPENSATION PAPERS SUBMITTED: () YES (X) NO

NATURE OF PERSON PREPARING REPORT: